

The bill before us today would reduce many of the challenges in collecting child support across international borders by fully implementing The Hague Convention on the International Recovery of Child Support. The Senate adopted that Hague Convention as a treaty in 2010, and this legislation will bring us into full compliance and will encourage the State child support agencies to have uniform methods for processing international child support orders.

Here in the United States, many of our State child support agencies already recognize and enforce foreign child support obligations. Whether or not the United States has a reciprocal agreement, this just ensures that all 50 States do. Many foreign nations are not enforcing a U.S. child support order in the absence of a treaty or other agreement. While our Nation does have reciprocal child support agreements with some countries, it does not have arrangements with many of those around the globe, hence the need for this single treaty that establishes a uniform, efficient, and accessible procedure for processing international child support cases.

Some desperate families are today asking for help through the Federal Office of Child Support Enforcement, and that office is not able to provide the help. We have an estimated 160,000 international child support cases that currently involve children or parents here in the United States, and with the very nature of our global economy—with more goods and services and people moving across national boundaries—this number is likely to only grow.

As with other effective child support measures, it's taxpayers who benefit by not being saddled with the costs of supporting children when a parent should be doing that. The Congressional Budget Office concludes that this bill would result in some modest debt savings to the child support program.

In addition to improving the international collection of child support, the legislation includes a provision that is new, under Mr. REICHERT's leadership, concerning data standardization within the child support enforcement system. We've worked diligently to incorporate the same requirement into other human resources programs to improve the ability to share data—a step that will make them more efficient, less susceptible to fraud, and better able to reach those who really need assistance.

Finally, this measure would also allow certain researchers access to wage information in a child support database, known as the National Directory of New Hires, in order to determine the effectiveness of employment-related programs.

Mr. Speaker, this bill is truly bipartisan, and it doesn't cost taxpayers money. In fact, it will save taxpayers money. Most importantly, it will help more children get the financial help

that they deserve. The House passed nearly identical legislation last year at about this time. After we pass the bill today, I urge my Senate colleagues to act promptly to ensure that leaving the country doesn't mean leaving your child support obligation behind.

I thank the gentleman from Washington for his leadership, and I yield back the balance of my time.

Mr. REICHERT. Mr. Speaker, in closing, I think it's very clear that this is a very bipartisan piece of legislation which is really focused on strengthening the family, protecting children, and, for parents who have left their homes, reengaging them with their families, getting them involved in their children's activities and providing for them financially.

One statistic that I recall when I first became sheriff in 1997 is that we began this program at the State level. Since 72 percent of juvenile males were without fathers, 72 percent of those committed homicide. It's just a stark figure, a stark statistic, that really highlights the need for parents to be involved in their children's lives.

So, Mr. Speaker, once again, I wholeheartedly, of course, endorse this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Washington (Mr. REICHERT) that the House suspend the rules and pass the bill, H.R. 1896.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. REICHERT. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

□ 1250

ADDITION OF VACCINES AGAINST SEASONAL INFLUENZA TO LIST OF TAXABLE VACCINES

Mr. GERLACH. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 475) to amend the Internal Revenue Code of 1986 to include vaccines against seasonal influenza within the definition of taxable vaccines.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 475

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. ADDITION OF VACCINES AGAINST SEASONAL INFLUENZA TO LIST OF TAXABLE VACCINES.

(a) IN GENERAL.—Subparagraph (N) of section 4132(a)(1) of the Internal Revenue Code of 1986 is amended by inserting “or any other vaccine against seasonal influenza” before the period.

(b) EFFECTIVE DATE.—

(1) SALES, ETC.—The amendment made by this section shall apply to sales and uses on or after the later of—

(A) the first day of the first month which begins more than 4 weeks after the date of the enactment of this Act, or

(B) the date on which the Secretary of Health and Human Services lists any vaccine against seasonal influenza (other than any vaccine against seasonal influenza listed by the Secretary prior to the date of the enactment of this Act) for purposes of compensation for any vaccine-related injury or death through the Vaccine Injury Compensation Trust Fund.

(2) DELIVERIES.—For purposes of paragraph (1) and section 4131 of the Internal Revenue Code of 1986, in the case of sales on or before the effective date described in such paragraph for which delivery is made after such date, the delivery date shall be considered the sale date.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. GERLACH) and the gentleman from Massachusetts (Mr. NEAL) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. GERLACH. I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and to include extraneous material on the subject of the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

Mr. GERLACH. Mr. Speaker, I yield myself such time as I may consume.

I rise to urge my colleagues to support this bipartisan legislation that my colleague from Massachusetts (Mr. NEAL) and I believe will help make the upcoming flu season less miserable for millions of Americans and avoid expensive hospital stays for those suffering with the flu.

Last December, in the midst of a flu season in which the Centers for Disease Control and Prevention reported more than 12,000 people hospitalized with flu complications and 149 deaths among children under the age of 18, the Food and Drug Administration approved a new vaccine developed to fight the four-strain flu virus. But despite this development, it is imperative that we pass this legislation if we want to guarantee the most up-to-date four-strain flu vaccine is available to patients who need it.

That's because under the current law, the Vaccine Injury Compensation Program—a no-fault system for compensating injuries or death caused by vaccines—covers flu vaccines that only protect against three viral strains.

This bill would add vaccines that protect against four viral strains to the program and ensure that the most up-to-date and effective flu vaccines are available in time for the start of the flu season this fall. Without the liability protections of the compensation program, civil litigation from the use of this vaccine could explode and disincentivize vaccine producers from making this new medicine available.

The Vaccine Injury Compensation Program was created in 1986 because at

the time fears of frivolous lawsuits that could wipe out businesses and bankrupt health care providers were causing vaccine manufacturers to leave the market, thereby leaving the general public without access to the best medicines available. So getting this new vaccine on the program list is essential.

One other note: it's important to understand that this bill is not, as some media have inaccurately reported, a "flu tax." This legislation does not create any new taxes. The bill before us does not raise tax rates. And there's absolutely no evidence that flu shots will cost one penny more if this bipartisan bill becomes law.

In fact, the nonpartisan Joint Committee on Taxation analyzed the legislation and concluded there would be no new taxes or windfall to the Federal Government. That's because under the current law, 75 cents goes into the Vaccine Injury Compensation Program every time someone gets a flu shot or any number of other vaccines used to protect the public against all kinds of diseases.

The truth is that every one of the estimated 135 million Americans who received a flu shot during this past flu season paid 75 cents into the fund, and that 75 cents charged today would also apply to this new vaccine. If you think 75 cents is an exorbitant amount to pay, consider that in my home State of Pennsylvania the average cost of a hospital stay ranges from \$649 per day to \$1,921 per day, according to the Kaiser Family Foundation. Without this legislation, taxpayers would be picking up the tab for flu-related hospitalizations for seniors and others enrolled in Medicaid and Medicare.

The only way the Federal Government will collect more money next flu season is if a greater number of people voluntarily get flu shots. And most medical professionals will tell you getting a flu shot improves public health and lowers the risk of racking up expensive medical bills, especially for children and seniors.

Vanderbilt University Medical Center, in collaboration with the Centers for Disease Control and Prevention, found that flu vaccine reduced the risk of flu-related hospitalization by 71.4 percent among adults of all ages and by 76.8 percent in study participants 50 years of age or older during the 2011-2012 flu season.

In closing, I would ask my colleagues to support this legislation so that our doctors and hospitals can offer the public the very best and latest protection against constantly evolving strains of the flu virus this fall.

Mr. Speaker, I reserve the balance of my time.

Mr. NEAL. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 475, a bill to update the excise tax on vaccines against seasonal influenza.

Year after year, the flu poses a threat to millions of Americans, caus-

ing between 24,000 and 49,000 deaths and 226,000 hospitalizations each year. In fact, my home State of Massachusetts had over 28,000 confirmed cases of flu this past season. The flu is particularly life-threatening for our Nation's most vulnerable, the elderly and children. During the most recent flu season, there were 150 pediatric deaths across the Nation, and it is estimated that 90 percent of those children were not vaccinated.

America must prepare for the next flu season. Public health and medical professionals, hospitals and vaccine manufacturers are moving quickly to prepare for the upcoming season by manufacturing new vaccines and educating the public about the importance of preventing the flu. One critical step in this preparation is to make certain that the newest and most effective flu vaccine will be available to the public.

To do that, I introduced this legislation that we're acting upon today with my friend, Congressman GERLACH, to update our law to ensure access to new flu vaccines.

The National Vaccine Injury Compensation Program was established in 1986 to ensure an adequate supply of vaccines, stabilize vaccine costs, and establish and maintain an accessible and efficient forum for individuals found to be injured by certain vaccines to be compensated. These awards are funded by a 75 cent per dose excise tax on vaccines that are widely used and recommended by the Centers for Disease Control and Prevention for routine administration to children.

The program requires congressional action from time to time because unless the excise tax is assessed on a particular vaccine, it is not covered by the program, and therefore, those injured can't be compensated under the program.

Currently, the excise tax on seasonal influenza vaccine applies only to three-strain vaccines and excludes any non-three-strain vaccines. But for the flu season, three new advanced influenza vaccines will be available. These vaccines will provide broader protection against the flu because they can combat more strains of the virus. Therefore, we must amend the excise tax law to include the advanced flu vaccine.

To ensure access to the new vaccine, our bill would apply the excise tax to all vaccines against seasonal influenza just as it has in the past.

It is very important to note this will not increase the tax or change the Vaccine Injury Compensation Program. Let me repeat. It is very important to note that this will not increase the tax or change the Vaccine Injury Compensation Program.

It's also important to note that this legislation does not affect in any way the FDA approval process. Vaccines for children, adolescents, and adults are approved and recommended through a rigorous, multiyear process. Vaccines must be approved by the FDA and then must also be evaluated and formally

recommended by the Centers for Disease Control and Prevention before they are administered by health care providers or covered by health insurance programs.

Before concluding, I'd like to note that this legislation has broad support, including AARP, Every Child by Two, Families Fighting Flu, Immunization Action Coalition, Infectious Diseases Society of America, and MassBio.

Our legislation brings the excise tax into alignment with the most recent developments in medicine. The quick enactment of H.R. 475 is critical to making the newest seasonal flu vaccines available for the 2013-2014 season.

I urge the House to pass this legislation as quickly as possible, and I reserve the balance of my time.

Mr. GERLACH. Mr. Speaker, in closing, I yield myself such time as I may consume.

H.R. 475 is a great bipartisan, bicameral bill that will help protect our Nation's children and seniors from flu.

I want to thank my friend from Massachusetts (Mr. NEAL) for his cooperation and work on this legislation. I also would like to thank Dave Olander and the Ways and Means staff, Anne Dutton, my chief of staff, and especially Lori Prater, my Ways and Means counsel for their great work on this legislation. I also thank Senator HATCH and Senator BAUCUS on the Senate side for their work in moving this legislation in that Chamber.

□ 1300

With the 2013 flu season on the horizon, I urge my colleagues to support H.R. 475 to ensure that the public has access to the newest four-strain flu vaccine.

I yield back the balance of my time.

Mr. NEAL. Mr. Speaker, I thank Mr. GERLACH, and thanks to our very capable staffers for having assembled parts of the argument here, and point out that in the Senate, this was done by unanimous consent. That's an important consideration.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. GERLACH) that the House suspend the rules and pass the bill, H.R. 475.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

CONCERNING THE PARTICIPATION OF TAIWAN IN THE INTERNATIONAL CIVIL AVIATION ORGANIZATION

Mr. ROYCE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1151) to direct the Secretary of State to develop a strategy to obtain observer status for Taiwan at the triennial International Civil Aviation Organization Assembly, and for other purposes.